Revised 06/08

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/sthics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowar or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB				
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state				
indexed				
Audited				
Checked				
Computer				

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

larne of Department or Office 1000 E Grand Ave	Des Moines, IA 50319	
lalling Address	City, State, Zip Code	
rea Code & Telephone No.		د
NTACT PERSON FOR RECIPIENT DEPARTS	MENT OR OFFICE:	
7 m man (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	MENT OR OFFICE:	
Christopher Godfrey ame	Des Moines, IA 50319	2
ONTACT PERSON FOR RECIPIENT DEPARTI Christopher Godfrey  lame 000 E Grand Ave hailing Address (If different from above)		3
Christopher Godfrey	Des Moincs, IA 30319	3

## DONOR OF GIFT OR BEQUEST:

Iowa Workers' Compensat	ion Advisory Committee, Inc.		
Name	Des Moines, IA 50305		
PO Box 1757	City, State, Zip Code	7-17-12	\$2,088.40
Mailing Address 515-252-1594	City, State, Zip Coda	Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Number		"value is defined as "fair mark	et value" of item as determined b
iwcacsecretary@msn.com		receiving department or office. If no value mark "0.00".	
Email Address (optional)			

Provide a description of the gift or bequest and purpose thereof:

Partial Payment for attendance at IAIABC 98th Annual Convention for Janua Martin, Assistant Workers' Compensation Comm'r and Christopher Godfrey, Workers' Compensation Comm'r.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Chibby J. C. J. affirm that the glift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

July 31, 2012 \_\_\_\_\_